

GUIDE FOR COMPLETING A CLAIM FORM FOR PAID FAMILY LEAVE (PFL) BENEFITS

State Disability Insurance (SDI) offers secure and convenient online options for filing PFL claims. Submit a claim form and documentation on SDI Online at www.edd.ca.gov/disability. To avoid delays when filing a claim using the paper application, please follow the general guidelines below. Allow sufficient time for claim processing (generally two weeks). For more complete information, read the yellow instruction and information sheet provided with the *Claim for Paid Family Leave Benefits*, DE 2501F, or contact the PFL office at 1-877-238-4373.

Claim Type: **File a separate claim form for bonding or caregiving benefits. Do not file for bonding and caregiving on the same claim form or for the same period of time.**

DI Pregnancy-Related Bonding: **New mothers who received pregnancy-related Disability Insurance (DI) benefits.**

- When you have recovered from delivering your baby, you may submit your *Claim for Paid Family Leave Benefits - New Mother*, DE 2501FP, using SDI Online.
- The *Claim for Paid Family Leave Benefits - New Mother*, DE 2501FP, will be mailed to you in a separate envelope at the same time your final DI payment is issued.
- Complete the *Claim for Paid Family Leave Benefits - New Mother*, DE 2501FP, and mail no later than 41 days from the date you begin your bonding claim.
- If you do not receive this form, call DI at 1-800-480-3287 or PFL at 1-877-238-4373.

Bonding: **New mothers *without* a prior pregnancy-related disability claim, new fathers, registered domestic partners, foster care, or adoption placement.**

- Complete the *Claim for Paid Family Leave Benefits*, DE 2501F, sign Part A on page 1 and Part B on page 3 of the application, and mail no later than 49 days from the date you wish to begin your bonding claim.
- Attach documented evidence of relationship to the child with whom you wish to bond.
- Birth verification **must** clearly show the child's name, date of birth, gender, and the name of the parent claiming benefits.
- New placement of foster care or adoption **documentation must be attached**, verifying the date the child was placed in your custody for foster care or adoption.
- Bonding benefits are potentially payable when you take time off work to bond with your new child within one year of the child's birth or placement.

Care: **To provide care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.**

- Submit the *Claim for Paid Family Leave Benefits*, DE 2501F, online or by mailing the paper form.
- If submitting the paper form:
 - Complete and sign Part A on page 1.
 - The care recipient **must** complete and sign page 2 and Part C on page 3.
 - The physician/practitioner **must** complete and sign Part D on page 4.
 - **Note:** Submit all parts of the claim form at one time. No portion of the form may be submitted by any other method than paper.
- If the care recipient is physically or mentally unable to sign, an authorized representative may sign on his or her behalf. If acting as an authorized representative on behalf of a claimant or care recipient, call 1-877-238-4373 for instructions and required forms **prior** to submitting a claim.

**Partial or
Integrated Benefits:**

You may be eligible to receive partial benefits if you have reduced your work schedule and have suffered a wage loss to provide care for a family member or bond with a new child.

- Please mark “yes” on the *Claim for Paid Family Leave Benefits*, DE 2501F, (question A13) or on the *Claim for Paid Family Leave Benefits - New Mother*, DE 2501FP, (question 6) if you continue to work during your family care leave.
- If you are not working reduced hours and your employer pays you the difference between PFL benefits and full pay, write “INTEGRATE” on the *Claim for Paid Family Leave Benefits*, DE 2501F, (question A21) or on the *Claim for Paid Family Leave Benefits - New Mother*, DE 2501FP (question 6). (See additional information under “Your Responsibilities.”)

Your Responsibilities: Submit your claim and any other required forms completely, accurately, and in a timely manner.

- Use black ink, if possible.
- Do not separate the three-page claim form.
- Submit the claim form when you begin bonding or caregiving. We are unable to process claims with future beginning dates.
- If submitting a claim form late, you must include a written explanation of the reason(s) for the lateness to avoid a disqualification.
- Mail your claim form in the pre-addressed envelope. If you do not have the pre-addressed envelope provided with the claim, send your claim and correspondence to: EDD-Paid Family Leave, PO Box 997017, Sacramento, CA 95799-7017.
- Attach a separate letter if you will be working part-time or taking leave on an intermittent basis. Be sure to include your Social Security number, name, address, phone number, regular working hours, rate of pay, and the amount of time you plan to miss each week.

PFL Toll-Free Numbers:

1-877-238-4373

Press 1 for English
Press 2 for Spanish
Press 3 for Cantonese
Press 4 for Vietnamese
Press 5 for Armenian
Press 6 for Tagalog
Press 7 for Punjabi

TTY 1-800-445-1312
(This number does not accept voice calls).

For additional information, please visit the EDD website at www.edd.ca.gov/disability or call 1-877-238-4373.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice) or TTY 1-800-445-1312.

These guidelines are for general information only and do not have the force and effect of law, rule, or regulation.